Name in Full May Adams - Certificate of Death

Died at Town Compton County St. Marys MARYLAND

Date 1898 Month Nov Day 12 Age Y. 3 M. D. — Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Franklin Adams Mother's Name Edna Spalding

Cause of Death Primary Laryngitis 8 V How long sick about 5 days -

Immediate Suffocation Accident, Suicide, Homicide

Reported by L. B. Johnson M.D.

Address Morganza. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full J. C. Bean

Certificate of Death

Died at Town County St. Mary's MARYLAND

Date 189 8 Month 11 Day 27

Age Y. 77 M. D.

Native of

Occupation

Male ~~Fema~~le

White Colored

Married Single

Widow Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by St. Mary's Beacon. 12-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Jas. T. Lucas

Died at Town Stone's Wharf County St. Mary's MARYLAND

Date 189 8 Month 11 Day 25 Age Y. M. D. Native of Occupation Farmer

Male ~~Female~~ White Colored Married [illegible] Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 15-2 6

Cause of Death Primary S (?) Skull fracture

Immediate

How long sick

~~Accident, Suicide~~, Homicide

Reported by St. Mary's Beacon 12-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X Justice Jos. F. Morgan Dec'd

X Dr. H. F. Greenwell.

Name in Full
Teresa Berry

Certificate of Death

Died at Town Sandgates County St Marys MARYLAND

Date 1896 Month Nov. Day 2

Age Y. 11 M. D.

Native of St Marys

Occupation

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Walter Berry

Mother's Name Eva Jackson

Cause of Death
Primary Typhoid Fever
Immediate Exhaustion

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by J. W. Hering M.D.

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.